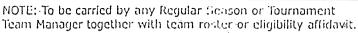


## Little League Baseball

## Medical Release





| Player:           |   |   |          | Date of Birth: |             |                                     |                    |
|-------------------|---|---|----------|----------------|-------------|-------------------------------------|--------------------|
| League Name:      | ague Name: Walton County Parks & Recreation Walton County Little League Association |   |          | I.D. N         | umber:      | American League<br>National League: | : <b>0310</b> 0707 |
| Parent or Guar    | dian Authori  | zation:   |          |                |             |                                     |                    |
|                   |   | mily physician canno<br>fied Emergency Pers             |          |                |             |                                     |                    |
| Family Physician: |   |   |          | Phone:         |             |                                     | ,                  |
| Address:          |   |   |          |                |             |                                     | -                  |
| Hospital Prefere  | ence:   |   |          |                | <del></del> |                                     |                    |
| In case of eme    | rgency conta  | ct:·  |          |                |             |                                     |                    |
| Name              |   |   | one      |                | Relati      | onship to Player                    |                    |
| Name              |   | Pho   | ne       | 7              | Relati      | onship to Player                    |                    |
|                   |   | dical problems, inclu<br>sthma, Seizure Disc            |          | ose red        | quiring r   | maintenance                         |                    |
| Medical Diag      | jnosis  | Medication  | D        | osage          | Freque      | ency of Dosage                      |                    |
|                   |   |   |          |                |             |                                     |                    |
|                   |   |   |          |                |             |                                     |                    |
|                   |   |   |          |                |             |                                     |                    |
| have details of   | any medica  | listed information is<br>I problem which ma<br>Booster: | y interf | ere wit        | h or alt    | er treatment.                       |                    |
|                   |   |   |          |                |             |                                     |                    |
| AL                | ıthorized Par   | ent/Guardian Signa                                      | lure     |                |             |                                     |                    |

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.